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S 28. Records.

EAST SUSSEX COUNTY COUNCIL

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4. Mr. Smith	C.303
5. Mrs. H. M. Robins	B1414
6. Miss Rogers Miss Pidgeon	A401 A.219
7. Mr. Winsor	C. 319307
8. Mr Wright	R 903 RAM

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

YEAR 1964

FRANK LANGFORD
M.B., Ch.B., F.R.C.S., L.R.C.P., D.P.H.

County Medical Officer of Health and
Principal School Medical Officer

EAST SUSSEX COUNTY COUNCIL

ANNUAL REPORT

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MEDICAL OFFICER OF HEALTH

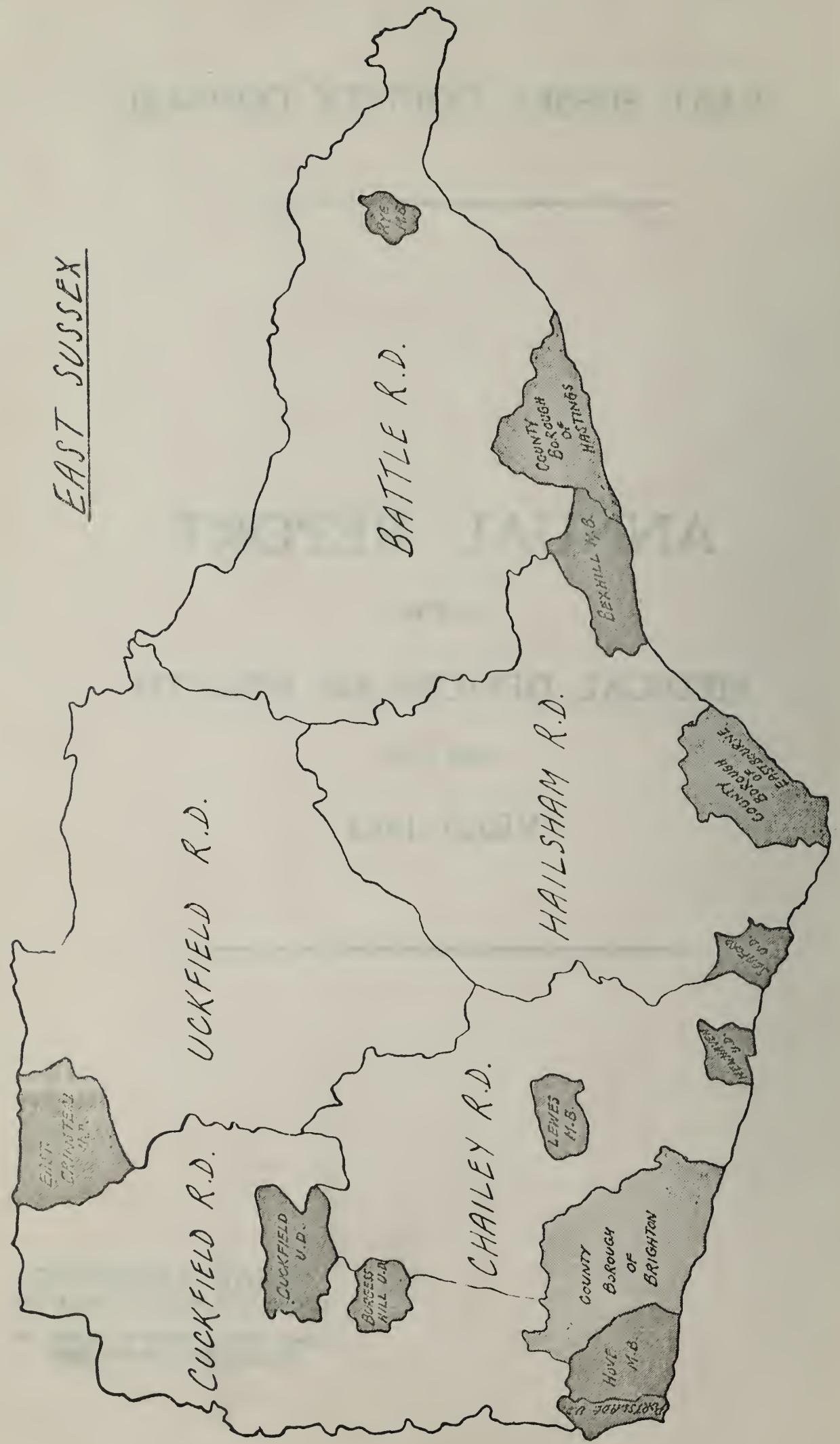
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YEAR 1964

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M.B., Ch.B., F.R.C.S., L.R.C.P., D.P.H.

*County Medical Officer of Health and
Principal School Medical Officer*

EAST SUSSEX



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Mr. Chairman, My Lords, Ladies and Gentlemen,

I have the honour to put before you the seventieth Annual Report on the Health of the Administrative County of East Sussex, that in respect of the calendar year 1964, which will be the last for which I am responsible.

Reference to the statistical tables and the information in the various sections of this Report will show that the health of the people of the county has been well maintained. Owing very largely to the sustained high level of immunisation in East Sussex the last "indigenous" case of diphtheria was the single case as long ago as 1950, although in 1954 a child arrived in the county already ill and the following year a very recent arrival developed the disease: neither had been immunised. Nowadays indeed, it is rare to meet anyone who has seen diphtheria, but the two cases I have mentioned above show that it is still well known elsewhere and only the maintenance of a high level of immunisation can protect our people. Whooping cough, against which immunisation is also practised, has not shown such a dramatic result; but the number of cases during the year (184) is I believe much smaller than ever before in spite of the larger child population, and undoubtedly the disease in general is less severe than it used to be. Already poliomyelitis has virtually disappeared, there being no cases in 1964 and only one the year before. Measles, however, reached 1,445 notified cases, the previous year being one of the alternate high-peak years; but even that has lost its sting, the last death being of an isolated case in 1959. At last the number of names on the Tuberculosis Register has dropped and I hope that this downward trend will continue.

It will be seen, also, that the number of births rose from 5,328 to 5,627, and that the Infant Mortality Rate (deaths of infants under one year per 1000 live births) dropped to 14.04, which, except for 1959, is the lowest rate we have ever recorded.

Advance of our plans for community care of the mentally disordered has been made (as will be seen from Dr. Spellman's report) as fast as circumstances permit. One of the brakes on progress here as elsewhere has been the reluctance of people living or working in a given area to accept the use of a building near them for the mentally disordered, whether this be a training centre or a hostel. During the year a public enquiry was held on account of the objections made by some neighbours to a large dwelling house being converted into a hostel for children attending a Junior Training Centre. The objections were not accepted by the Minister of Housing and Local Government and the hostel was duly set up. I have no doubt that events will show, as they did in the case of an earlier hostel, that the people living therein are not an embarrassment or danger to their neighbours. I feel that a successful start of early projects will make it easier to obtain sites elsewhere and will help to improve the public attitude to those who have mental troubles.

While it is obvious that a great deal of this improvement in health matters results from advances in social conditions, much of it must be attributed I am sure to the continued attention given by your Council and the Health and Housing Committee in particular to their responsibilities in the health field.

It is my duty, however, to remind you of the continuing menace of cancer of the lungs and bronchus. During 1964, 233 people died in this county from this condition which (as the main cause is known) represents an almost entirely preventable loss of life. Much ingenuity has been shown by those who are unwilling to accept that cancer of lung is largely (no one claims entirely) due to continued smoking of tobacco; but although I have no time to check all cases, every such death of anyone I have known personally during the past ten or fifteen years has been of a man who was, until fate overtook him, a sustained smoker of tobacco. Now, it is being noticed, the number of deaths among women is catching up those of men.

In February, 1964, the sad news was received of the death after an operation, of Dr. Richard Toleman, Medical Officer of Health of Bexhill, who also spent some of his time in county work, chiefly school health. The harmony and efficiency of this sharing of the time of a medical officer of a county district between that district and the county depends largely on what the district man makes of it; and we were fortunate that Dr. Toleman's assiduity in his work and his friendly relations with all concerned were outstanding. He is still much missed. He was succeeded by Dr. T.F.M. Jackson.

During the year Dr. Ilma S. Bingeman, who had been working as an administrative assistant on my staff, retired after many years devoted service, chiefly in the maternity and child welfare field. Her work showed among other things the great value of having someone with special knowledge who can follow up from their earliest years or even months young children with known or suspected abnormalities. On her retirement the staff structure was modified by the addition of a Senior Medical Officer for Maternity and Child Welfare, the first holder of the post being Dr. Mary Boyd. She had already carried on similar work in another county and we all hope that by now she has happily settled here.

At the end of my service, as I look round, I see several matters needing attention including new developments which in 1965 are already receiving attention; but these are known to the committees concerned and it would be discourteous to my successor openly to express my opinions and to make recommendations at this stage.

I wish in this my last Report to say how much I appreciate the hard work done by all my staff, both medical and lay, and their friendly co-operation over the years; and I must specially mention my deputy, Dr. R.G. Brims Young, of whom I think of with gratitude as a tower of strength in the last ten years. It is largely because of his willingness and that of the remainder of my staff to work with and for the population of the county that relations have been so good with voluntary bodies, individual workers, the general medical practitioners and the hospital service, and with other chief officers and their staffs. On the employers' side, I am grateful to all members and co-opted members of the County Council for their continued support, and indeed forbearance on occasion, through changing circumstances: the personal kindnesses shown to me from time to time have done a lot to ease some of the rougher patches on the road.

I have the honour to be

Your obedient servant,

F. LANGFORD

County Medical Officer of Health

Health Department,
County Hall,
LEWES.

May, 1964.

MEMBERS OF THE HEALTH AND HOUSING COMMITTEE

(as at 31st December, 1964)

(a) Members of the County Council:

Mr. C.R.V. Bell, O.B.E.	Mrs. K.M.N. Pither. (Vice-Chairman)
Mr. St. J. Fancourt Bell.	Mr. H. Riley.
Mr. T. Benson.	Brig. L.M. Scott.
Miss M. Blount, M.B.E. (Chairman)	Lt-Col. E.M. Sheehan.
Mrs. E.F. Cave.	Mr. C.W. Shelford.
The Hon. Daphne Courthope, O.B.E.	(Chairman of the County Council)
(Vice-Chairman of the County Council)	Mrs. F.M. Slee.
Brig. H.P. Gardham, C.B.E.	Major W.A. Smith.
(Chairman of Finance Committee)	Miss L.T. Toller, M.B.E.
Mr. Claude Hershman, M.C.	Miss O.M. Vaughan.
Miss E.A. Kennedy.	Mr. T.H. Watts
Mr. R. Mitchell.	

(b) Other Members:

Mr. L. Burtenshaw.	Dr. E.G. Sibley.
Mrs. J.N. Kleinwort, M.B.E.	Lady Silverstone
Mr. R.B. Powell.	Dr. J.A. Smart

STAFF OF THE COUNTY HEALTH DEPARTMENT AT 31st DECEMBER, 1964

County Medical Officer of Health and Principal School Medical Officer ...	Frank Langford, M.B., Ch.B., F.R.C.S., L.R.C.P., D.P.H.
Deputy County Medical Officer of Health and Deputy Principal School Medical Officer	R.G. Brims Young, M.B., Ch.B., D.P.H.
Assistant Medical Officers	(a) L.A. Collins, M.A., M.B., Ch.B., D.P.M., D.P.H. A.P. Gorrie, M.B., Ch.B., Margaret B. Parker, M.B., Ch.B., D.P.H., (part-time) (a) J. Petrie, M.B., Ch.B., D.P.H. (a) M.I. Silverton, O.B.E., T.D., M.R.C.S., L.R.C.P., D.P.H. (a) D.M. Richardson, M.R.C.S., L.R.C.P., D.P.H. Anne D. Surtees, M.B. Ch.B., D.C.H. (a) T.F.M. Jackson, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H., Janet F. Waugh, M.B., B.S.

Mental Health

Senior Medical Officer	A. Spellman, M.B., B.S., M.R.C.S., L.R.C.P., D.P.M.
Chief Mental Welfare Officer ...	M.G.W. Ternouth.

Nursing and Aftercare

Senior Medical Officer	Mary M. Boyd, M.Sc., Ph.D., M.B., Ch.B.(Hons). M.R.C.P., D.P.H., D.Obst.R.C.O.G., D.C.H.
Superintendent Nursing Officer ...	Miss M.H. McLeod, S.R.N., S.C.M., H.V. Cert., Q.N., Dip.Soc.St. (Lond.)

Deputy Superintendent Nursing Officer	Miss E.M. Hollands, S.R.N., S.C.M., H.V. Cert., Q.N. M.T.D.
Assistant Superintendent Nursing Officers	Miss D.B. Boxer, S.R.N., S.C.M., H.V. Cert., Q.N. M.T.D. Miss A.A. Leckie, S.R.N., S.C.M., H.V. Cert., Q.N. Miss G.M. Williams, S.R.N., S.C.M., H.V. Cert., Q.N.
Midwifery Tutor	Miss E.E. Paul, S.R.N., S.C.M., H.V. Cert., Q.N. M.T.D.
Medical Social Worker	Miss M.L. Shaw, B.A., A.M.I.A.
Home Help Organiser	Miss M.H. MacLaine.
Senior Clerk	Mrs. W.M. Akehurst.

Dental Service.

Dental Officers	J.V. Goldie, L.D.S., R.C.S., S.A. Park, L.D.S., R.C.S. W.S. Beeson, B.Ch.D., L.D.S. Dr. M. Garfield, L.D.S., R.C.S., M.R.C.S., L.R.C.P., (part-time) A. Longden, L.D.S. I.A.M. Mitchell, L.D.S., R.C.S., (part-time) Suzanne J.M. Passat, L.D.S., R.C.S. R. Park, L.D.S., R.C.S., (part-time) G.M. Rodgers, L.D.S., R.C.S., (part-time) Paul H. S. Lahaise, B.D.S., L.D.S., R.C.S., (part-time)
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Dental Anaesthetists	Josephine Terry, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., (part-time)
County Ambulance Officer	J.W. Limb.
County Health Inspector	T.F. Ayrton, M.R.S.H., M.A.P.H.I.

General Administration

Chief Administrative Assistant	T. Ryder, D.P.A.(Lon.), A.C.C.S.
Chief Clerk	G.M.G. Futter.

Borough of Hove Staff employed on Delegated Functions

Medical Officer	N.E. Chadwick, M.A., M.D., D.P.H.
Assistant Medical Officers	A. Toal, L.R.C.P & S.I. Ada Firth, M.R.C.S., L.R.C.P., F.R.C.S. (Ed.), D.P.H. R.G.D. MacLennan, L.R.C.P., L.R.C.S., L.R.F.P & S., D.P.H., (part-time) J.M.B. Orr, M.B., Ch.B. A.P. Spackman, L.D.S., R.C.S., Hilda M. Phillips, L.D.S., U.Leeds.
Dental Officers	
Area Superintendent Nursing Officer ...	Miss I.O. Linton, S.R.N., S.C.M., H.V. Cert., Q.N.
Matron, Hove Day Nursery	Mrs. M.N. Waters.

(a) Also District Medical Officer of Health.

GENERAL STATISTICS

The estimated population increased from 388450 in 1963 to 399640 in 1964.

The crude Birth Rate for the county was 14.08 per thousand of the estimated population (.36 per thousand more than in 1963). The live births in 1964 totalled 5,627 (299 more than in 1963). The number of illegitimate live births in East Sussex was 408 or 7.25 per cent of the total.

The crude Death Rate was 15.23 per thousand in 1964 as compared with 17.07 in 1963.

In order that the crude birth and death rates may be made comparable with those of England and Wales it is necessary that a correction be made by the application of a factor supplied by the Registrar-General to compensate for differences in age and sex distribution in the county, as compared with the whole country. The standardised birth and death rates for the administrative county, together with the comparable rates for England and Wales, are as follows:-

	East Sussex	England and Wales
Standardised Birth Rate ...	17.46	18.4
Standardised Death Rate ...	10.05	11.3

The Infant Mortality Rate was 14.04 per thousand live births in 1964, as compared with 17.45 in 1963. The rate for England and Wales was 20.0. The illegitimate death rate was 19.61 per thousand illegitimate live births, as compared with 16.35 in 1963.

The Maternal Mortality Rate was .53 as compared with .37 per thousand live and still births in 1962.

SANITARY CIRCUMSTANCES

Rural Water Supplies & Sewerage Acts, 1944/61

Contemplated schemes submitted by district authorities, for the extension of sewerage and water services and the progress made on former schemes are set out in the following paragraphs:-

Battle Rural District

A scheme of sewerage and sewage disposal for the villages of Etchingham and Hurst Green was submitted.

During the year the main drainage scheme for Cattsfield Village was completed and good progress was made on the re-construction of the Battle treatment works and the extension of sewers to the outlying parts of the town.

Water extensions to serve the following localities were proposed:-

Northiam - Watts Hill Cottages, Adams Lane
Pett Level Estate area

The following water extensions were completed:-

Battle - London Road area
Brede - Goatham Lane, Broad Oak
Dallington - South Lane extension
Salehurst - Jimpson's Lane
Westfield - Sprays Lane

A start was made on the following water extensions:-

Northiam - Watts Hill Cottages, Adams Lane
Pett Level Estate area
Westfield - New England Lane

Chailey Rural District

No new sewerage schemes were submitted in 1964.

During the year the extension of the sewerage system to serve the Common Lane area of Ditchling was completed and work continued on extending the main sewers for the northern section of Peacehaven.

Extensions from existing water mains to serve parts of the parishes of Beddingham, Glynd and South Malling (Without) were proposed.

Cuckfield Rural District

No new sewerage schemes were submitted in 1964.

The scheme of sewerage and sewage disposal for Brook Street in Cuckfield Rural parish was completed and the village scheme for Staplefield made good progress.

A proposed scheme for extending the existing water main from Fulking Village to serve properties in the southern part of Clappers Lane was submitted.

The extension of the water mains to serve Horsted Lane, Sharpthorne, West Hoathly was completed.

Hailsham Rural District

A proposed scheme of sewerage and sewage disposal for the village of Wilmington was received.

The schemes of sewerage and sewage disposal for the villages of East Hoathly and Windmill Hill, Herstmonceux were also completed.

Schemes for extending the water mains to the following localities were submitted and completed during the year.

Chiddingly - Place Corner to Highlands Farm
Warbleton - Churches Green Area

In my report for the year 1963 I spoke of the limited attention which appeared to have been paid by Hailsham Rural District Council to the needs for sewerage in parts of their district, of which the downland villages are specially important owing to the risk of contamination of water supplies in the underlying chalk. I am informed that from time to time during the past ten years various drainage matters have been considered; yet the actual amount of new provision of sewerage for areas needing it can fairly be described as modest even having regard to the financial difficulties experienced by the District, which after all cannot have been much worse than those of other comparable districts.

I have been glad to hear more recently, however, that closer constructive attention is being given to drainage matters and regret as much as the district council do that it has been difficult to obtain the necessary staff for this purpose. I hope that they will include in their considerations, as soon as possible, the need for a drainage scheme for the village of East Dean and its immediate neighbourhood. (See below)

Furthermore, though both matters have developed since the end of 1964, I should like to say how good it is to hear that satisfactory arrangements are being made by (a) Seaford Urban District and Chailey Rural District, to drain Norton and Bishopstone jointly and (b) Chailey Rural District (acting with Brighton County Borough) to drain Falmer. The first is needed because an important water heading in increasing use is at one end of Norton village and the second because Falmer village, together with much new building occasioned by the University close by, has water headings on either side of it.

Experience has shown that the prevention or cure of conditions which might be a risk to the purity of water supplies requires constant watchfulness and I fear a great deal of persistence, on the part of anybody and everybody directly or indirectly concerned; but with the increasing demand for public water supplies which is being experienced we cannot afford to be too easy going. According to a geophysical report I saw some years ago there is a very large collection of water in the chalk below East Dean; but this is unlikely to be available for use while the village is drained into the ground by devices of varying informality. What a pity when it appears to be the last unexamined underground source left in the county.

Uckfield Rural District

During the year schemes for providing a duplicate sewer for the Rocks Park Estate area, Uckfield, and a new trunk sewer from London Road, Crowborough to Jarvis Brook were submitted.

Good progress was made on the schemes for resiting and enlarging the Uckfield Town works, the new outfall and relief sewer and the extension of the sewerage system to the Ridgewood Area, Uckfield, and a start was made on the Crowborough Trunk Sewer.

The scheme of sewerage and sewage disposal for Blackboys Village area, the sewer extension to Five Ash Down, Uckfield and Rocks Park duplicate sewer were completed during the year.

Newhaven Urban District

The West Side drainage scheme and sewage disposal works were virtually completed during the year.

FOOD & DRUGS ACT & MILK & DAIRIES REGULATIONS

Milk (Special Designation) Regulations 1960-63

Pasteurisers' Licences

On the 1st January, 1964, there were five pasteurisers operating under licences issued by the County Council. In March, 1964, one dairy ceased pasteurising following an amalgamation and of the remaining four establishments, three have High Temperature Short Time Plants and one has a Holder Type Plant.

The arrangements for processing, storage and distribution of the milk have been kept under observation throughout the year and the results of tests on samples of milk taken from these premises are given in the following table:-

Class of Milk	No. of Samples	Appropriate Tests	Number of Samples	
			Passed	Failed
Pasteurised	83	Phosphatase Methylene Blue	83 83	- -
Tuberculin Tested (Pasteurised)	299	Phosphatase Methylene Blue	298 296	1 3
Totals:	382	Phosphatase Methylene Blue	381 279	1 3

The phosphatase failure occurred at the dairy using the Holder Type Plant due to a defective indicating thermometer.

The three methylene blue failures all occurred at the same dairy and were attributed to an unsatisfactory farm supply. Following an investigation at the farm by the Ministry of Agriculture, Fisheries and Food, repeat samples were satisfactory.

Examination of Bottles

In order to determine the efficiency of the methods adopted in the cleansing of milk bottles at these four establishments and at one dairy bottling untreated milk, thirty-three sample groups of bottles were submitted for bacteriological examination.

All the samples reached the standard recommended by the Public Health Laboratory Service.

Milk Dealers' Licences

The use of Special Designations (Pasteurised, Sterilised and Untreated Milk) in relation to all retail sales of milk, is obligatory throughout the administrative county and the responsibility for granting licences for this purpose rests with Food and Drug Authorities.

At the beginning of the year 387 licences were in operation. Fifty licences were issued during 1964 in respect of new dealers and changes of ownership and twenty-eight licences cancelled where milk business had ceased.

At the year end the total number of current licences was again 387.

Routine inspections of dealers' premises and the arrangements for handling, storage and distribution of the milk, have been continued and the results of tests on samples of milk taken from dealers' premises, vehicles and vending machines are set out in the following table:-

Class of Milk	No of Samples	Prescribed Tests		
		Passed	Failed	Invalid
Pasteurised Milk (all grades)	601	572	17	12
Tuberculin Tested (Untreated Milk)	116	96	20	-
Sterilised Milk	8	8	-	-
Totals:	725	676	37	12

One of the pasteurised milk samples failed the phosphatase test owing to a temporary breakdown at an establishment outside the county area. The remaining 16 samples (involving 9 dealers) all failed the methylene blue (keeping quality) test and this was attributed to improper storage or failure to turn over stocks in proper rotation.

Of the 20 untreated milk samples which failed the Methylene Blue test, 12 were from vending machines supplied with milk from a source outside the county. The failures were intermittent during the summer period and the dealer ceased selling milk through the machines voluntarily.

The remaining 8 failures involved 3 sources of supply two of which were referred to the Ministry of Agriculture, Fisheries and Food for investigation at the farms, and in all cases repeat samples were satisfactory.

The untreated milk samples were also tested for the presence of penicillin which was found to be above recommended level in one case only.

In addition to the above, 74 samples of milk were taken at the two hospital dairy farms on behalf of the Ministry of Health, one sample failed the methylene blue test and in three samples penicillin was found to be present, above the recommended level.

Thirty-seven of these samples were also submitted for biological examination and all were reported to be free from tubercle infection.

Milk in Schools Scheme

All the schools participating in this scheme receive pasteurised milk as recommended, with the exception of one private school which obtains tuberculin tested (untreated milk) from its own dairy herd.

Supervision of the arrangements has been continued during the year and checked by routine sampling. Reports on samples of milk taken at the schools, including the two Junior Training Centres, show the position to be satisfactory.

The Milk (Special Designation) Regulations, 1963

As from the 1st October, 1964, the special designation Tuberculin Tested Milk was replaced by the designation Untreated Milk and amended forms of licence were issued to 82 Dealers, who obtain the milk from 46 farm sources. In 1954, the number of sources was over one hundred and this reduction is a welcome trend which we hope will continue.

With one exception all the raw supplies are "farm bottled" or "farm cartoned" milk.

INFECTIOUS DISEASES

This year the number of notifications of infectious diseases fell to 2,020 compared with 7,041 in 1963, there being only 1,445 cases of measles as against 6,081 in 1963. Whooping cough accounted for 184 and scarlet fever for 98 compared with the 1963 figures of 167 and 119 respectively. Pneumonia cases were only 48 compared with the 1963 figure of 130. There were 9 cases of food poisoning in 1964 as against 7 the previous year and dysentery cases fell from 248 in 1963 to 46. There were no cases of poliomyelitis.

New notifications of pulmonary tuberculosis showed a quite spectacular drop to 59, nearly a 50% reduction on the 1963 figure of 113. Two areas showed a considerable decrease and all but 2 showed small decreases. 19 of the notifications were of patients between the ages of 15 and 45. The greatest number of notifications for both men and women occurred between the ages of 65 and 75, a new trend in recent years. Four notifications were of children between the ages of 5 and 15. There were 12 notifications of other forms of tuberculosis.

At the end of the year there were 2,474 notified cases of tuberculosis on the Register (2,226 pulmonary and 248 non-pulmonary) as compared with 2,658 (2,378 pulmonary and 280 non-pulmonary) in 1963.

Deaths were as follows:-

<u>Pulmonary tuberculosis</u>	<u>Deaths</u>
Urban Districts	14
Rural Districts	4
<u>Other Forms</u>	
Urban Districts	2
Rural Districts	2

Here also the picture is improving as only 4 deaths occurred of patients believed to have had tuberculosis which was not notified. A fifth death occurred of a patient who had been notified as suffering from pulmonary tuberculosis but was regarded as recovered in 1953.

Of cases listed below, 4 were 70 and over, the fifth was only 47.

No. 1 This lady, whose age was over 70, had a long history of chest trouble and of recent years had been under regular supervision of one of the chest physicians who was of the opinion that she had a fibrosed and shrunken lung due to bronchiectasis which also caused occasional haemorrhages.

She was found dead one day having died of a massive pulmonary haemorrhage, and at post mortem examination lung fibrosis with bronchiectasis was found, apparently due to old tuberculosis which as such had long ceased to be active.

No. 2 This was a case of an 85 year old man who died primarily of ~~congenital~~ heart failure, a contributory cause being pulmonary fibrosis and tuberculosis. The disease was originally active many years before notification was required.

No. 3 This old man died of cancer of lung. Although he had ~~pulmonary~~ tuberculosis as a young man this had long since settled down to an inactive fibrosis which can have contributed little, if at all, to the patient's death.

No. 4 This patient was an old lady who, on being admitted to hospital because of broncho-pneumonia, died next day from a cerebral haemorrhage. Before death she was not known to have had pulmonary tuberculosis, which is believed to have occurred many years before.

No. 5 This woman aged 47 first had pulmonary tuberculosis many years ago and was successfully treated. The healing process, however, proceeded so vigorously that very extensive lung scarring took place, so much so that her breathing was severely hampered and an intolerable load placed upon the heart. She really died therefore of heart failure.

NATIONAL HEALTH SERVICE ACTS

Health Centres - (Section 21)

No action was taken under this Section during 1964.

Care of Mothers and Young Children (Section 22) (excluding the Hove and Portslade Area)

Clinic Buildings

The second clinic at Burgess Hill (in Royal George Road) was completed during 1964 and was taken into use on the 16th November. The general design of the building is similar to the clinics built in previous years in Rye and Seaford and it will serve the southern and western half of the town. The other clinic in Burgess Hill (88 Mill Road,

an adapted house) will continue to serve the remainder of Burgess Hill. The former dental rooms in 88 Mill Road have been adapted to form a suite for Child Guidance and dental treatment will be carried out solely in the new building.

Oil fired central heating was installed in the East Grinstead Clinic during the year to replace the old gas heating.

The protracted negotiations for a central site in Hailsham continued throughout the year. It seems, after 15 years, negotiations will soon be completed for the purchase of approximately .35 of an acre.

The clinic in Old Shoreham Road, Portslade, was formally opened by Mrs. Claude Hershman on 29th May, 1964.

Ante-Natal and Post-Natal Care

Outside the Hove and Portslade area, the arrangements for ante-natal care remain as reported previously, i.e., at the County Clinics at Bexhill, Burgess Hill (2), Newhaven, Seaford and Rye, (2 more than in 1963) the local general practitioner obstetricians hold ante-natal clinics for their own patients, with the midwife and health visitor in attendance. 448 mothers attended during the year. There is a marked decline in the number of mothers attending these clinics, 148 fewer than in 1963, and in the main the ante-natal work is done at the surgeries of the general practitioner obstetricians or at the hospitals. At East Grinstead and Seaford the Hospital Consultant Obstetricians with hospital nursing staff hold ante-natal clinics at local authority clinic premises for mothers booked for hospital delivery. This arrangement saves some mothers a good deal of travelling.

Ante-natal mothercraft and relaxation classes continue to be popular amongst mothers booked for home confinement but there is a marked fall in the attendance of mothers booked for hospital delivery as the following figures show.

	<u>1963</u>	<u>1964</u>
Number of women who attended during the year		
(a) institutional bookings	843	532
{b} domiciliary bookings	256	546
	<u>1099</u>	<u>1078</u>

Child Welfare Centres

The number of child welfare centres in operation at the end of 1964 was 78; of these -

6 are held in purpose-built clinics
4 in adapted premises
68 in halls of various descriptions rented on a sessional basis.

In the more rural districts where the appointment of a medical officer cannot be justified health visitor sessions are held, where the mothers discuss their problems with the health visitor while the health visitor uses the occasion for health education talks.

35 of the 68 centres hold "Health Visitor" sessions only. The numbers attending are reviewed from time to time and a Medical Officer is appointed when it is considered advisable.

The total number of children born in 1964 who were taken to the centres during the same year was 2,928, representing 67% of the total notified live births, an increase of 4% over 1963.

Care of Premature Infants

The number of live births in the county (outside Hove and Portslade) was 4,411 and the number of premature live births was 243, about 5.5%. In 1963 the premature live births were 212 or 5.1% of the total live births.

Of the 60 stillbirths notified 39 were premature.

Special arrangements are in force for the care of premature infants, with the help of the paediatricians of the South-East Metropolitan Regional Hospital Board.

Though the change is not great, the percentage of premature infants who survived the first 28 days is slightly higher in 1964 than in 1963.

Phenylketonuria

Routine urine tests (at least two on every infant) have continued during the year in order to detect phenylketonuria as early in life as possible. Fortunately, no further cases have been discovered.

Congenital malformations

During 1964 89 children were notified as having congenital malformations, broadly classified as follows:-

7	affecting the central nervous system
5	" eyes and ears
7	" alimentary system
2	" heart and great vessels
6	" uro-genital system
14	" limbs
2	" skull and face
17	" other systems
14	other single malformations
15	multiple malformations

Of the 89 notified, 10 were stillborn and 13 have since died. 25 of the remaining 66 are entered on the Handicapped Children's Register.

Family Planning Clinics

These are not conducted directly by the authority but use is made of those provided by the Family Planning Association at Brighton, Hove, Haywards Heath, Eastbourne, Hastings and Tunbridge Wells. Two further clinics - at Lewes and East Grinstead - will probably be established early in 1965. In this county, women are mainly referred to the clinics by their own doctors but instruction continues to be available through the auspices of the local health authority to those married women where pregnancy or childbirth would be dangerous to health. During 1964, only one new patient came under this heading.

Distribution of Welfare Foods

The increase in the uptake of orange juice and Vitamin A & D tablets reported in my last annual report continued in 1964 but the sale of cod liver oil has dropped.

Year	National Dried Milk (tins)	Cod Liver Oil (bottles)	Orange Juice (bottles)	Vitamin A & D tablets (packets)
1958	46,836	14,837	125,050	10,225
1959	49,497	13,862	123,697	11,125
1960	45,001	13,980	117,721	11,705
1961	40,410	11,162	86,259	9,953
1962	39,380	5,218	58,164	7,097
1963	38,824	4,965	69,781	7,573
1964	39,514	4,529	78,097	7,945

On the 31st December, 1964, there were 104 distributing points, 52 being Infant Welfare Centres, 36 retail shops and 16 other premises.

The help given by the W.V.S. and other voluntary helpers in the distribution of these foods is much appreciated.

Recuperative Holiday Accommodation

One mother and her youngest two children were provided with a holiday during the year.

Co-ordination Committee

The regular monthly meetings of the co-ordination committee continued during the year and, in addition a number of special meetings were held to discuss particular problem families.

Rehabilitative Training for Problem Families

On the recommendation of the Co-ordination Committee two families, one comprising a mother and three children and the other a mother and five children were sent to training centres. On return the families were rehoused by the local District Councils. There has been a general improvement in home management, although close supervision is still necessary: indeed, while this report was being compiled it was reported that conditions had relapsed seriously in one of the families.

Care of the Unmarried Mother and her Child

As in the previous year the field workers of the Chichester Diocesan Moral Welfare Association and the Southwark Catholic Childrens Society, continue to arrange on behalf of the County Council for the care, guidance and supervision of the unsupported mother and her child. Annual grants are made by the County Council towards the administrative

expenses of the Association, and, in approved cases, the authority meet the net cost of the hostel accommodation. Contributions from the girl, her parents and sometimes the putative father are taken into consideration.

During 1964 the County Council accepted part financial responsibility for thirty-nine girls compared with thirty-four in 1963. Of the thirty-nine girls, twenty-two offered their babies for adoption. Fourteen girls were under 18 years of age.

Dental Care

The Authority's scheme for the dental treatment of expectant and nursing mothers and children under school age is co-ordinated with the dental treatment of school children. Treatment is carried out at county clinics, schools, the three mobile clinics and in a few instances in village halls. As far as possible regular visits are made to each main centre to provide a regular service.

Premises

It was reported last year that the two new county clinics came into operation. These, at Old Shoreham Road, Portslade, and Rye were officially opened in 1964. As mentioned, both these clinics follow the usual pattern of providing a separate dental wing which has a surgery, recovery room and waiting room together with a small work-room which can be used for x-rays.

A third mobile clinic was delivered in the latter part of 1964 and in October it began operating in a large rural area of the Battle Rural District, being stationed in Rye.

Fluoridation

No progress was made during the year on the question of fluoridation of water supplies. Local health authorities have been waiting for the result of a High Court action before deciding whether or not to go ahead with these proposals.

Mr. P.S.P. Jenkins, my Chief Dental Officer, retired on the 30th November, 1964, and I should like to record my appreciation for his work in developing the dental service administered by the Authority since his appointment in 1948.

The work done is shown in the following tables:-

DENTAL TREATMENT RETURN 1964

A. Numbers provided with dental care.

	Number of persons examined during year	Number of persons commenced treatment	Number of Courses Completed
Expectant and nursing mothers	54	41	29
Children under five	528	257	267

B. Forms of dental treatment provided.

	Scalings and Gum treatment	Fillings	Silver nitrate treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided	Radiographs
							Full upper or lower	
Expectant and nursing mothers	44	125	1	-	120	30	8	10
Children under five	12	520	103	-	170	76	-	-

Number of dental treatment centres in use - 16

Number of sessions for Maternity and Child Welfare - 159

Domiciliary Midwifery, Health Visiting and
Home Nursing (Sections 23, 24 and 25)
(excluding the Hove and Portslade areas)

The East Sussex County Nursing Association acting as agents for the County Council continued to provide domiciliary midwifery, health visiting and home nursing services throughout the county outside the Hove Borough and Portslade-by-Sea Urban District. At the end of the year the nursing staff employed by the Association were -

68 on generalised duties (midwifery, home nursing, health visiting and school nursing)

39 (17 of whom were part-time) on combined duties (midwifery and home nursing only)

3 on home nursing only

21 on full-time health visiting and school work

7 part-time nurses on clinic duties

The whole-time equivalent for each branch of work was -

Midwifery	29.7
Home Nursing	39.4
Health Visiting	37.6
Clinic Nurses	2.0
School Nursing	14.3

In addition two health visitors were employed solely on tuberculosis health visiting and one on tuberculosis and geriatric health visiting.

It is still felt that although whole-time health visitors are needed in urban areas an efficient health visiting system can be provided in rural areas better by the use of generalised nurses. Moreover, though it would be very difficult to prove, it seems likely that such work can be done with a smaller expenditure of time; perhaps because the waste of time in travelling is less.

The administrative and supervisory work of the combined services is under the control of the Superintendent Nursing Officer, Miss M. H. McLeod, who is assisted by a deputy and three assistants. An additional assistant will take up duty in April 1965. These officers and the Part II Midwifery Tutor are on the staff of the County Council.

The number of midwives in private practice in the county at the end of the year was 8.

Deliveries attended by domiciliary midwives during 1964 totalled 1186, 35 more than in 1963, but the number of patients delivered in hospital but discharged and attended by domiciliary midwives before the 10th day increased from 620 in 1963 to 960 in 1964.

Maternity Outfits Every expectant mother booked for a home confinement is provided free of charge with an outfit containing the necessary dressings and equipment. Modified outfits are also available for patients discharged early from hospital and for cases of miscarriage.

Puerperal Pyrexia Notifications of puerperal pyrexia numbered 64, an increase of 25 on the year 1963, but the number for 1962 was 65. Only 14 of the 64 notified cases occurred in domiciliary practice.

Ophthalmia Neonatorum Two cases were notified in 1964 but no impairment of vision was reported. There were no cases of retrothalamic fibroplasia.

Maternal Mortality The Registrar General informs me that three maternal deaths have been recorded in the county.

- (1) This young woman died suddenly during labour, of congestive heart failure supervening on chronic myocardial degeneration of undetermined cause. There must have been some difficulty in labour since the infant, which died, was found to have intracranial damage as well as other defects. She had lived in this county only three weeks before being admitted to hospital for confinement.
- (2) A young single woman of 21, death being from toxæmia due to an infected abortion.
- (3) A woman of 34 suffering from disseminated sclerosis who died at an early stage of pregnancy. Her condition made an anaesthetic for a small operation somewhat hazardous and she died before the operation was started.

Health Visiting Details of the main types of cases visited by the health visitors are set out below. The corresponding figures for 1963 are in brackets.

Type of case visited	Number of cases 1964		
Children born in 1964	4,403		
Children born in 1963	4,168		
Children born 1959 - 62	11,190		
Total number of children under the age of 5 years visited	—	19,761	{ 22,168 }
Persons aged 65 or over		5,540	{ 2,078 }
Mentally disordered persons		91	(85)
Persons discharged from hospitals other than maternity or mental cases		84	(94)
Tuberculous households visited		1,174	(1,192)
Number of households visited on account of other infectious diseases		123	(65)

The excellent work of regular visits to old people was maintained throughout the year - when an old person moved to another area the information was passed to the appropriate Medical Officer in order that any necessary advice and assistance could be continued.

During the year a pilot scheme whereby the health visitors in one town were "attached" to the family doctors working there was started, and continued during the year in order that first-hand experience might be gained. The basic principle is that the health visitor, whose primary duty is to visit people in their own homes to advise on health matters, should work in relation to the patients on the list of a family doctor, rather than have an area in which the people whom she visits are of course on the lists of several, perhaps many doctors. By this attachment it is desired to foster that close working relationship between family doctor and health visitor which is to the benefit of all concerned; clearly it should be easier for the health visitor to meet one doctor at intervals and discuss the needs of patients with him than to meet (or try to meet) several or many. The results of and lessons to be drawn from the scheme, as tested in our county, will be assessed during 1965.

Report of Superintendent Nursing Officer

"Owing to pressure on maternity beds in all our local hospitals our Nursing Sisters have continued on an increasing scale to care for mothers who have been discharged home early following confinement in hospital instead of being kept in for the more usual ten to fourteen days. The majority of the Obstetricians and Superintendent Midwives have received with favour the idea of discharging a smaller number of mothers at 48 hours after confinement, when this has been arranged at the time of booking in suitable cases, rather than the discharge of a larger number of mothers at later stages in the puerperium. Such prior planning allows for suitable domestic help to be arranged and also for suitable alternative heating facilities to be made available. Very few modern houses without central heating are capable of producing the stable standard of warmth needed for the safe reception of a baby from the nursery of a maternity block in hospital without special consideration and additional equipment.

There has been discussion of the possibility of the domiciliary midwives in the area around Crawley Hospital being able to accompany mothers, with the general practitioner, for delivery and caring in hospital for these mothers until their discharge 48 hours later. Agreement in principle on procedure has been reached and when arrangements to cover the legal aspects of this have been made the three midwives concerned will be able to participate in this scheme, which of course affects East Sussex much less than West Sussex. If the procedure is successful at Crawley Hospital I am confident hospital groups in this county will wish to follow suit.

The amount of general nursing visits paid by the staff has increased in 1964 as compared with 1963.

It is, however, I feel a matter for regret that many patients are asked to make quite lengthy and time consuming journeys back to hospital for dressings and treatment which could quite well be dealt with at home. With earlier ambulation and shorter periods to be spent in hospital more patients will require treatment after discharge and although obviously it may be necessary for the patient to return to hospital outpatients to be seen at intervals by the consultant staff, I do feel that the full potential of the Home Nursing Service is not being used, perhaps even not being realised, by the medical staff of hospitals.

Although difficulty in recruitment of staff is being felt with some severity, by use of local married nurses and midwives on a part time basis the lack of mobile relief staff to cover sickness and holidays has been largely overcome. The use of clinic nurses has released the full time health visitors in urban areas for such duties as are more in keeping with full use of their training and skills.

For a period during the year the Part II Midwifery Training School, in spite of advertisement, had a very low application rate and in the school which commenced in December, 1964, only 3 pupil midwives commenced training instead of the usual 8. In view of this permission was given to train suitably selected state enrolled nurses in addition to the state registered nurses with whose training we have been concerned to date."

Maternity Liaison Committees

One of these exists in relation to each Hospital Management Committee conducting one or more maternity units or hospitals in the county. These committees meet at varying intervals, and have been found extremely useful, discussions dealing with the standards for and management of admissions and discharges, the form and method of delivery of discharge intimations and reports, and a host of other day or month to month problems. One quite unexpected but I feel very beneficial result is that at a meeting round a table the obstetrician can be told quite frankly by the hospital midwifery staff of matters requiring improvement, there being little leisure for such purposes in the general rush of ordinary work. I shall long remember one such occasion when an obstetrician who had been told that such and such procedure was not satisfactory and should be improved saying, with a thoughtful expression on his face "Well I had no idea."

Housing of Nurses

The County Council's policy of providing good quality housing for nurses continued and as a result of action taken during the year two new houses were built and approval obtained for sites in two other areas.

VACCINATION AND IMMUNISATION (SECTION 26)

Immunisation against Diphtheria, Whooping Cough and Tetanus
and Poliomyelitis

1964 marks the first full year that arrangements operated for babies to have their oral poliomyelitis vaccine jointly with their primary courses of triple immunisation which protect them against diphtheria, whooping cough and tetanus. Previously poliomyelitis vaccination was not arranged until babies had attained the age of six months. The programme for immunisation in childhood, as this applies in East Sussex, is therefore:-

*About age	Vaccine
2 months	{ Poliomyelitis Oral First Dose
3 months	{ Diphtheria - Tetanus - Whooping Cough First Dose
4 months	{ Poliomyelitis Oral Second Dose
12 - 24 months	Diphtheria - Tetanus - Whooping Cough
18 - 21 months	{ Second Dose
5 years	{ Poliomyelitis Oral Third Dose
8 years	Diphtheria - Tetanus - Whooping Cough
10 years	{ Third Dose
13 years	Smallpox
	{ Diphtheria - Tetanus - Whooping Cough
	{ Reinforcing Dose
	{ Poliomyelitis Oral
	{ Reinforcing Dose
	{ Diphtheria - Tetanus
	{ Reinforcing Dose
	Smallpox
	{ Re-vaccination
	{ Diphtheria - Tetanus
	{ Reinforcing Dose
	B.C.G.

* The ages shown here are intended only as a rough guide: treatment may have to be given at other times.

I am pleased to report complete success in implementing the altered programme; it being welcomed by doctors and parents alike and commanding itself by the simplicity of immunising infants against four diseases at once. Experience during the year brought no reports of severe reactions to joint triple/poliomyelitis vaccines and the few minor reactions (sore arms, swollen glands or temporary pyrexia) which did occur were no greater in number than was the case when triple vaccine was used without the administration of oral poliomyelitis vaccine.

The introduction of a combined card on which to record the giving of joint triple-poliomyelitis doses saves considerable clerical work at surgeries and clinics, as well as keeping the family doctors and others well informed.

For comparison purposes the immunisation work for the past three years is given below:-

Year	PRIMARY COURSES OF IMMUNISATION			REINFORCING INOCULATIONS	
	Under 1 year	1 to 4 years	5 to 14 years	1 to 4 years	5 to 14 years
1962	3,953	253	592	461	6,960
1963	4,423	270	398	1,258	7,480
1964	4,987	402	302	3,258	9,781

(N.B. Primary courses of immunisation for children in the 5 to 14 years age-group normally omit protection against whooping cough, not then necessary and avoiding any reaction which this antigen may cause among children of school age.)

It is gratifying to note in regard to the above figures that the total of reinforcing inoculations for the 1 to 4 years age-group now approximates the number of children due for their 18-21 month triple booster doses. The issue of personal record cards has helped gain co-operation from parents in getting booster doses done on time as supplemented by arrangements from the Health Department to issue reminders as doses become due. The second point in regard to the above figures concerns the keeping as low as possible the number of children aged 5 to 14 years who need primary courses of immunisation. This consistent total illustrates the comprehensiveness of the scheme undertaken since 1961 to extend the vaccination and immunisation service to the 176 independent schools in the administrative county. Initially it was found that many of these children needed primary courses but with the development of the scheme the back log has been dealt with and the immunisations at independent schools are now kept up-to-date.

Health Visitors continued their efforts to secure immunisation of infants in their respective areas, taking the special opportunity during the ante-natal and post-natal periods to remind mothers of the facilities available. Their drive and ability to arrange attendance at clinics or willingness, where required, to help family doctors to collect suitable numbers of patients have certainly contributed to success in the provision of the service.

District Medical Officers and School Medical Officers undertook immunisations at schools and the link-up of these sessions with periodic medical inspections has proved its worth in reducing the number of interruptions to the school curriculum. Central arrangements for the keeping of records for all immunisations and vaccinations depend on the submission of these by family doctors and health visitors and obtaining information from other local health authorities for new entries to the county. Arrangements for reinforcing inoculations to be given at schools or clinics are made as appropriate.

As in previous years family doctors were encouraged to take a full part in the work of the service, being supplied with free antigens and receiving 5s. for each approved record card submitted. The practice adopted of writing periodically to family doctors to give them new or useful information was continued. The influence of the family doctor has played no small part in the success of the immunisation scheme.

Talks in welfare centres and to voluntary organisations given by the authority's medical officers together with centrally prepared posters and leaflets advertising the service were used to reinforce the personal approach made by the health visitor. Publicity matter supplied by the Central Council for Health Education and the Ministry of Health has also been very useful in keeping the need for immunisation in the public eye.

Smallpox Vaccination

Details of the number of persons vaccinated in the several districts of the county are given in Table VI in the Appendix to this report. The total of primary vaccinations is again affected by the acceptance since 1963 of the advice of the Ministry of Health to delay primary vaccinations until a child is aged 12 - 24 months because the risk of complications and death is less when a child has passed its first birthday. Taking the number of children vaccinated under one year of age (i.e., 392 in 1963 and 275 in 1964) together with those (2,142) done in 1964 at one year of age the aggregate compares reasonably with the total for a normal year. It is confidently expected that 1965 will see a complete return to normal for the co-operation of parents is likely to be obtained by the continued issue of personal record cards.

Poliomyelitis Vaccination

During 1964 poliomyelitis vaccination was available free to all up to the age of 40, every expectant mother, almost everyone connected with the medical and dental services and people who had made arrangements to go abroad other than to Europe, Canada or the United States of America. Reinforcing fourth doses of poliomyelitis vaccine were also authorised for children of 5 - 11 years inclusive and persons at special risk (e.g. medical and dental staffs). A second, independent scheme allowed general practitioners to vaccinate people outside the priority groups with vaccine obtained on prescription from local chemists.

131,772 East Sussex residents had received primary courses of poliomyelitis vaccine as at the 31st December, 1964, of which number 126,866 had completed the full course of three doses each. 34,776 had reinforcing fourth doses.

Total completed primary courses in each of the last two years were:-

<u>Year</u>	<u>Children</u>	<u>Adults and others</u>	<u>Total fourth doses</u>
1963	5,049	1,177	3,665
1964	7,552	710	5,405

Immunisation percentages

Statistics issued by the Ministry of Health for 1964 are based on children born in 1963, vaccinated at any time, and taken as a percentage of live births for 1963. These statistics are shown below and for comparison purposes the figures for the previous year are shown in brackets.

	Whooping Cough born 1963	Diphtheria born 1963	Poliomyelitis born 1963
National percentage	68 (64)	69 (65)	60 (53)
East Sussex	86 (78)	87 (79)	79 (63)

B.C.G. Vaccination Scheme for School Children and Students, 1964

This scheme continued during the year, being offered to school children from the age of 13 years and to college students throughout the county.

Owing to unforeseen circumstances a re-arrangement of work was necessary in the years 1963 and 1964. It was only possible for Dr. Gorrie to visit 50 schools and colleges in the calendar year 1963 hence the reduced total for that year as shown in the summary below. Visits to schools missed in 1963 were picked up in the summer term of 1964. The programme for the autumn term 1964 again became disrupted and it will be necessary to extend the winter programme for 1964/65 into the summer term 1965.

The chest physicians co-operated in the scheme, by having all the positive reactors x-rayed and followed up further if necessary. As a result of this 14 cases are still being kept under observation by the chest physicians, and one boy of 15 years of age was notified as a case of pulmonary tuberculosis.

Statistical Summary Relating to the B.C.G. Scheme for School Children and Students since 1958

Year	1958	1959	1960	1961	1962	1963	1964
Number of Schools and Colleges visited	91	80	84	81	82	50	86
Number of children eligible	4394	4661	4872	5009	4681	2634	4652
Number of parental consents	3420 (77.8%)	3627 (77.8%)	3785 (77.7%)	4101 (81.9%)	3852 (82.3%)	2133 (80.9%)	3780 (81.3%)
Number of children Montoux tested	3092	3362	3533	3803	3616	1766	3476
Positive Reactors (i.e. not requiring vaccination)	620 (20%)	522 (15.5%)	462 (13%)	446 (11.7%)	357 (9.9%)	165 (9.3%)	333 (9.6%)
Negative Reactors vaccinated	2555	2738	2983	3222	3154	1803	3147

AMBULANCE SERVICE (SECTION 27)

The general organisation and administration of the Ambulance Service have continued unchanged during the year and the disposition of vehicles and staff on 31st December was -

Main Station	Sub-Station	Full-Time Staff	Vehicles
HOVE	-	Directly Provided 21+ 1 Control Assistant	8
BEXHILL	{ Hailsham Battle (Rye)	S.J.A.B. S.J.A.B. S.J.A.B. S.J.A.B.	8 6 4 4
LEWES	{ Uckfield (Newhaven (Seaford	S.J.A.B. B.R.C.S. S.J.A.B. Directly Provided	13 2 2 2
HAYWARDS HEATH	Burgess Hill (Proposed new Station)	B.R.C.S.	11
EAST GRINSTEAD	Crowborough	B.R.C.S. B.R.C.S.	5 4 <hr/> 82 <hr/> 2 <hr/> 33

Kent County Council and Eastbourne and Hastings County Boroughs provide ambulance cover in parishes of East Sussex adjacent to their areas. Emergency calls are invariably answered by the nearest ambulances along our common boundaries.

The number of full-time staff at the end of 1963 was 68. Two factors account for this significant increase: firstly, the continuing decline in the number of volunteer crews and, secondly, the need to ensure that each vehicle leaves its base station with a crew of two. This latter point became increasingly important as radio-control made possible the diversion of ambulances on the road.

The provision of transmitters at main stations has led to greater speed of communication between station officers and their vehicles.

It is impossible to review the year without again observing the willing contribution of the British Red Cross Society and the St. John Ambulance Brigade to the operation of a service which is now almost entirely whole-time and paid.

I must also pay tribute to the County Organiser of the Hospital Car Service, Mr. C.H.E. Bath. He and his staff have, efficiently and unobtrusively, arranged for the transport of 171,388 patients over 1,364,000 miles.

During the year a total of 839 patients were conveyed 58,843 miles by rail. Of these 154 were stretcher cases for whom this form of transport was clearly the most comfortable. The Control Staff of British Rail are always most helpful.

During the year seven new vehicles were taken into service, five as replacements and two as additions, under the 10 year plan. All these vehicles meet the safety requirements of the Ministry of Health and further modifications in chassis and body design make for a comfortable ride for the patient.

With the growth in the number of children attending the Junior Training Centres at Portslade, Coldean, Cuckfield and Eastbourne, the dual-purpose type ambulance is becoming increasingly important.

The following table shows the number of children taken to training centres during the past two years.

	<u>Ambulances</u>		<u>Cars</u>	
	<u>1963</u>	<u>1964</u>	<u>1963</u>	<u>1964</u>
Children carried	14,027	33,862	2,460	6,561
Miles travelled	67,912	115,145	40,882	88,003

There has been a further significant increase in the work of the service during the year. As we have already seen, this is partly due to the numbers of children going to Training Centres, but in the main, attributable to the increasing use of hospital out-patient clinics.

The following table gives a comparison with last year's figures -

	<u>Ambulances</u>		<u>Cars</u>	
	<u>1963</u>	<u>1964</u>	<u>1963</u>	<u>1964</u>
Patients Carried	71,664	87,886	163,549	171,388
Mileage run	580,009	632,746	1,347,416	1,364,245

In May, 1964, there was held in connection with the University of Bristol and much encouraged by the support of Professor R.C. Wofinden an advanced Residential Study Course on the care of the Sick and Injured. The course, which was attended by Mr. J.W. Limb, the County Ambulance Officer and nineteen of his colleagues throughout the country and by a number of medical officers, was concerned mainly with the ambulance service and improvements in First Aid, not forgetting the prevention of accidents, and proved a very valuable one. A matter which was the subject of much discussion was how to design and provide ambulances of improved modern design at a realistic cost, since it must be realized that one cannot combine efficiency with low prime cost in ambulances to the extent that has been made possible with ordinary motor cars built in millions every year.

A function of this kind indicates the interest taken in raising the standard of first-aid and transport, the improvement over the past few years being marked.

Prevention of Illness, Care and After Care (Section 28)
(excluding the Hove and Portslade area)

Loan of Equipment

This service continued to expand. During the year we purchased -

1 new alternating pressure pad unit

2 new pressure pads

1 new motor, which with one of the spare pads made another complete unit.

These are invaluable in the care of bedridden incontinent patients to prevent bed sores.

We also purchased another pole and chain for attachment to a patient's bed and a Zimmer walking aid, and had the opportunity of purchasing, second-hand, a commode and an Easicarri hoist, both of which were in excellent condition.

These were added to the considerable amount of loan equipment we now have which is lent to aid the nursing of patients at home: this saves valuable hospital space and also helps patients in certain cases to lead a reasonably normal life.

No charge is made. Patients are most grateful for the loan of equipment, particularly for a hoist which enables relatives to move patients from bed to chair or bath without undue strain.

Chiropody

A further 6 chiropody clinics have started, making a total of 64 in the administrative county. During 1964 approximately 26,400 treatments were given mainly to elderly patients.

In an effort to prevent unnecessary use of the scheme it was suggested that except in certain cases treatment should not be given at less than six weekly intervals. Though some people seemed to think this rule a little harsh it was found that many cases were having monthly treatment unnecessarily, but authority was readily given when frequent treatment was necessary.

As a corollary one of the Health Visitors recently complained bitterly that she paid fruitless calls on old people on her list - their feet had so improved as a result of regular chiropody that they were always out when she called!

Medical Social Worker

During the year a change of title was put into effect for those who had previously been styled, owing to their origin in hospital work, as "Almoners"; as a result of this Miss M.L. Shaw, our Care Almoner became our Medical Social Worker. The new title, albeit almost clumsily long, nevertheless gives a much better indication of the work of these officers. Her report follows:-

For some sixteen years the name "ALMONER" has been associated by her colleagues in the Public Health Department with the after-care of patients. Now they are asked to call her "Medical Social Worker" and may well query the need for this change.

The Institute of Almoners had wanted to change their title for some years but had to wait for consent from the Ministry of Health. On the one hand they wished the public to forget that Almoners were associated with the assessment and collection of patients' payments. More important, on the constructive side, they hoped that as Medical Social Workers they would forge closer links with the many other workers engaged in the field of social work.

Looking back over the past year the Medical Social Worker appreciates that she has had many fruitful contacts with her colleagues in different departments in the Council, who are engaged in some form of social work. She invoked the County Welfare Officer to provide for an elderly chronic bronchitic a draught-excluding outer door. She also referred some of her home-bound chest patients to be linked up with the Home Industries so admirably organised by the East Sussex Association for the Disabled.

The Mental Welfare Officer co-operated most helpfully with the Medical Social Worker in visiting a household where the husband had a serious chest illness and the wife suffered from a mental disorder. It was agreed that the Mental Welfare Officer should pay regular visits and report any particular need arising for the husband. Frequent telephone conversations were held between the Medical Social Worker and a Welfare Officer from the Children's Department to keep abreast of the latest developments in a problem family.

With the Health Visitor Service numerous contacts were made and the Medical Social Worker would like to express her sincere appreciation of their invaluable help in bringing to her notice cases of social need. The Superintendent Nursing Officer was herself most helpful in co-operating with the Medical Social Worker in providing the special forms of help available for patients with malignant disease.

The foregoing examples may perhaps have illustrated the importance of close and frequent contacts between those engaged in meeting social needs. Medical Social Workers have long recognised that communication of relevant information when

requesting the after-care of discharged hospital patients is a vital part of case-work. It is with some satisfaction that the Medical Social Worker in this Department has noticed that all those with whom she herself co-operates, including doctors, health visitors, and other local officers such as housing and National Assistance Board staff, have shown an increasing willingness to impart the information they have obtained, where it will obviously help to meet the particular client's need.

Tuberculosis Register

Before the National Health Service Act, 1946 came into force in 1948 the county medical officer kept a list, as then required, of those who had been notified as suffering from tuberculosis, this list being known as the Tuberculosis Register. A parallel list was kept by the medical officer of each district since he had duties of prevention of disease. Some time after 1948 authorities were told there was no requirement under the new conditions to keep Registers, since every Chest Physician would have his own list of patients; nevertheless, Registers could still be maintained if authorities wished. It was not clear how full attention could be paid to prevention of tuberculosis unless the County Council as local health authority maintained an up-to-date list of patients, if only for two reasons: the Chest Physicians seldom concern themselves with (indeed, may never hear of) non-pulmonary tuberculosis, which still occurs and is often a pointer to cases of active lung disease, and cases may occur which are never referred to the Chest Physicians at all. In practice, therefore, each medical officer of a county district keeps a Register of cases in his area and in the county health offices a Register is maintained for the whole county. In addition the Chest Physicians have their own lists which are mainly clinical. It has been found necessary however for a member of my staff to visit each Chest Clinic and each district council office at intervals to compare all three lists in each case, as discrepancies gradually occur and patients may be missed by one or other of the three groups concerned.

Incontinence Pads Service

"Incontinence pad" is usually understood to mean a mat or pad of material large enough to absorb urine and/or other discharges lost by a patient who while lying in bed cannot exercise normal control. These are placed under the hips and having a waterproof under-layer serve to protect the mattress as well as to add to the patient's comfort. Manufacturers have shown much ingenuity in their design in this and other ways.

In this county such pads are supplied without charge to any patients requiring them; either by the powers given in the National Health Service Act, 1946, Section 25 (Home Nursing) or Section 28 (Prevention of Illness, Care and After-Care) or the National Assistance Act in the case of those who live in old people's homes conducted by the County Council.

Disposal of used pads presents little if any difficulty since in this largely rural county there are few establishments where resort cannot be had to burning or burial.

It should be noted that a call for incontinence pads should be treated in the same way as any other domestic leakage: the cause of the leak should be ascertained and where possible removed. Where there is any doubt on this point the patient (who may not have consulted him) is referred to his (or more often her) own doctor in the hope that effective treatment may be arranged. The number supplied is not great; partly perhaps because our health visitors make sure that the cause of the incontinence is sought and because in every case a painstaking attempt is made to arrive at the treatment which best suits the individual patient - which may not after all be the more usual type of pad.

Spastics and Epileptics

The number of known epileptics and spastics at 31st December, 1964 was 283.

<u>Age Range</u>	<u>Spastics</u>	<u>Epileptics</u>
Under 5 years of age	6	4
5 - 15 years of age	35	23
Over 15 years	114	101

193 of the total 283 are mentally subnormal, this being the major handicap.

REGISTERED BLIND AND PARTIALLY-SIGHTED PERSONS
(excluding the Borough of Hove)

TABLE A

	Cataract	Glaucoma	Retro-lental Fibroplasia	Others	Total
(1) Number of cases registered during the year in respect of which para.7(c) of Form B.D.8 recommends:	28 + 16	22 + 8	--	75 + 58	125 + 82
{a} No Treatment	8 + 3	1 + 0	--	31 + 19	40 + 22
{b} Treatment	20 + 13	21 + 8	--	44 + 39	85 + 60
Medical	2 + 3	8 + 4	--	22 + 12	32 + 19
Surgical	15 + 4	2 + 1	--	6 + 2	23 + 7
Optical	1 + 1	0 + 1	--	0 + 2	1 + 4
Ophthalmic Medical Supervision	2 + 8	16 + 8	--	20 + 23	38 + 39
(2) Number of cases at (1)(b) above which on follow-up action have received treatment	14 + 9	17 + 6	--	37 + 37	68 + 52
(3) Number of cases which have not received treatment	6 + 4	4 + 2	--	7 + 2	17 + 8

In the figures set out in the two columns, the first column relates to blind persons and the second to partially sighted.

There has been a considerable increase over the previous year in the number of persons examined for registration as blind and partially sighted - a total of 207 as against 158 in 1963.

Of the people who have been recommended for treatment and not received it the position is as follows:

- 10 have died
- 6 were unfit to have treatment
- 4 either have moved or are moving from Sussex
- 2 were unwilling to accept treatment
- 2 have since been advised by the Specialist that treatment is not now desirable
- 3 the matter of treatment is still under investigation.

During the year 4 people who were classified as Partially Sighted have been registered as blind.

One person was decertified during the year after successful treatment for cataract.

1 person recommended for treatment in 1963 has now attended hospital.

Ages at which Registered

<u>Blind Register</u>	<u>Age groups</u>	<u>Number</u>
(1)	0 - 15	3 *
(2)	16 - 64	17
(3)	65 & over	<u>103</u>
		<u>123</u>

Partially Sighted Register

(1)	0 - 15	5	+
(2)	16 - 64	12	
(3)	65 & over	<u>65</u>	
		<u>82</u>	

Blind Cause group (1) *

- (1) Optic atrophy
(2) Optic atrophy (has since died)
(3) Gross microphthalmos (has left County)

Partially Sighted Cause group (1) +

- (1) Cataracts
(2) Glioma of optic chiasma
(3) Coloboma of microphthalmos
(4) Corneal opacities
(5) Abnormalities of visual function in higher centres associated with general abnormalities and spastic quadriplegia.

OPHTHALMIA NEONATORUM

TABLE B

(1) Total number of cases notified during the year	<u>NET 2</u>
(2) Number of cases in which :-	
(a) Vision Lost	-
(b) Vision impaired	-
(c) Treatment continuing at end of year	-

In the data given (i) (b) represents number of patients for whom treatment is recommended but the same patient may be included under one or more types of treatment.

MENTAL HEALTH

NATIONAL HEALTH SERVICE ACT, 1946, (SECTION 28)

MENTAL HEALTH ACT, 1959

Development of Mental Health Services

The mental health services are still being developed with the aim of providing, in collaboration with the Regional Hospital Board, a comprehensive preventive, therapeutic and aftercare programme. Liaison with hospital services in particular continues to improve and officers of the County Council are now regular visitors to the mental hospitals and hospitals for the subnormal which serve this area.

Of particular importance in my view is the development of social clubs and day occupation groups in collaboration with the Red Cross Society and the East Grinstead District Association for Mental Health. There are now a total of 4 social clubs for mentally ill patients in the county area. These are run largely by voluntary workers with the assistance of Mental Welfare Officers and financial help from the County Council. Two of these clubs have regular daily meetings where unemployable patients are able to occupy themselves and have a cooked lunch in the company of other people.

I feel that the involvement of the "normal" section of the population in these ventures is a small but significant step in health education.

Junior training centre provision is now complete. Our first senior training centre is in existence and hostel accommodation - provided by the Welfare Services and Children's Committees - is becoming available and will be seen in more detail below.

Administration

The Mental Health Sub-Committee continue to be responsible to the Health and Housing Committee for the organisation and conduct of the authority's services for the mentally disordered. The service still functions under the immediate direction of my Deputy, Dr. Young, while Dr. Spellman, Senior Medical Officer for Mental Health, undertakes the day to day administration of the service, assisted by the Chief Administrative Mental Welfare Officer. Towards the end of the year it was found possible to reorganise the areas for Mental Welfare Officers in accordance with the development plan. It is envisaged that office accommodation will be provided in each area but the extent of local administration and degree of delegation will be decided in the light of experience of a pilot scheme for an office to be set up at East Grinstead. The county has been divided into 6 areas; central office administration and emergency staff are deemed to be working in "Area No.1".

Area No.2

* Portslade U.D.

1 Senior Mental Welfare Officer
and 2 others.

Area No.3

Cuckfield U.D.
Cuckfield R.D.

1 Senior Mental Welfare Officer
3 others.

Bu

Shawley R.D.

1 Senior Mental Welfare Officer
3 others.

Area No. 6

East Grinstead U.D.
Uckfield R.D.

1 Senior Mental Welfare Officer
2 others.

Area No. 7

Bexhill M.B.,
Rye M.B.
Battle R.D.

1 Senior Mental Welfare Officer
2 others.

* For administrative convenience it has been thought best that the officers who work in the Hove delegated service should cover Portslade Urban District although control and the reception of reports remain with my office.

The Home Teaching staff remains at 2 and owing to the opening of Junior Training Centres there has been an alteration of duties so that they are mainly concerned in instructing at centres for mentally disordered adult patients. There will be references later to these activities.

Mental Nursing Homes and Residential Homes

There are still 2 Mental Nursing Homes with powers to detain patients registered in the county and 4 that could receive informal patients although 2 of the latter establishments are ancillary premises of one of the mental nursing homes. Of the 341 beds in these establishments there was provision for a maximum number of 217 detained patients. This means that there has been no change during the year. The number of patients actually detained on the 31st December was 38 while 150 patients were receiving care and treatment informally. Officers of my department on behalf of the Welfare Services Committee visit 26 establishments registered, or liable to registration, which provide residential accommodation for mentally disordered persons. These include certain Guardianship Society foster homes.

Mental Illness

There is still a steady stream of referrals and the sources from which cases originate are set out below, together with comparison figures for the previous year.

	<u>1964</u>	<u>1963</u>
General Practitioners	118	131
Hospitals, on discharge from in-patient treatment	69	81
Hospitals, after or during out-patient or day treatment	67	56
Police and Courts of Law	17	14
Other sources	61	47

At the end of the year 263 cases of mental illness were receiving active help compared with 210 at the end of the year 1963.

Psychopathy

3 persons classified as psychopathic patients continue to take up a great deal of time.

Mental Sub-normality and Severe Sub-normality

During the year 91 persons of sub-normal or severe sub-normal mentality were reported to the Authority and most cases were seen by the Senior Medical Officer for Mental Health. Sources of referral are given below:-

	<u>1964</u>	<u>1963</u>
General Practitioners	6	7
From hospitals, on discharge from in-patient treatment	16	11
Hospitals, after or during out-patient or day treatment	5	3
Local Education Authorities	30	16
Police and Courts of Law	-	4
Other sources	34	28

At the end of the year 1963, 601 mentally sub-normal and severely sub-normal persons were under community care as compared with 550 at the end of the year under review.

Hospital Admission Arrangements

At the 31st December, 1964, only 13 mentally sub-normal patients were awaiting vacancies in hospital out of the total in the county of 550. This number, coincidentally, is the same as last year.

Short-term care was arranged during the year for 50 patients. 27 of these went to Regional Hospital Board establishments, 1 to Local Authority residential accommodation and 22 elsewhere.

Occupation and Training

The situation at the end of the year was as follows:-

Junior Training Centres

"Court Meadow", Cuckfield

The number of trainees in attendance has risen from 46 to 52 and the related hostel, "Tentercroft", has been fully occupied and provides residential accommodation for 10 of the trainees. With the opening of "Hillside" there has been a readjustment of the catchment area served and the children from Lewes and certain adjacent parishes were transferred to Portslade. The second hostel, "Orchard House" is in course of erection on land adjoining the Training Centre, already in possession of the Children's Committee.

"Hillside", Portslade

This Centre opened on the 16th January and the numbers attending rose to 32 by the end of the year. The trainees come from Hove, Portslade, Lewes and Newhaven, and the southern half of the Chailey Rural District.

Eastbourne Area

The purpose built Junior Training Centre, "Hazel Court", Shinewater Lane, Eastbourne, opened in May and although there was agreement that 25 East Sussex trainees would be accepted by the end of the year the number had risen to 30 by arrangement with the County Borough who were able to offer extra places as a temporary measure. 9 children from the eastern and northern outskirts of the county are boarded in the related hostel on a Monday to Friday basis.

Hastings Area

At the end of the year there was still no change in the situation and 4 children continued to attend the Hastings Centre at Athelstan Road which still caters for both adults and juniors.

Brighton Training Centre

The arrangement continues whereby 10 adult male and 10 adult female places were reserved for East Sussex and the Hove delegated Mental Health Service.

Adult Training Centres

Burgess Hill

There has been progress in acquiring the site for an Adult Centre at Burgess Hill but arrangements are still not complete.

Portslade

Building continued during the year under review and it was expected that the completion date would be early in 1965, but later delays meant a postponement to April, 1965.

Temporary Facilities

The 2 Home Teachers continue to take groups of mentally disordered persons for occupation and training in rented accommodation. 49 adults of sub-normal mentality are receiving tuition and there is also a certain amount of instruction given at day occupation centres for the mentally ill. At established centres run by the Guardianship Society and Eastbourne and Hastings County Boroughs 32 East Sussex trainees attended.

Residential Facilities

"Albany Court", Bexhill

This Home, provided by the Welfare Services Committee as a short stay home for convalescent women, has been open since the 19th June, 1964. The occupancy has varied, never reaching more than 17 out of a possible 21. The accent is on rehabilitation and 7 patients have resumed a normal life in the community via this Hostel.

"Hillcrest", Portslade

This Home, provided by the Welfare Services Committee for 35 elderly mentally infirm women was scheduled to open on the 18th January, 1965.

The residents of this Home, like those at "Albany Court", will be assessed by the Mental Health staff before admission.

Hostel, 223 Old Shoreham Road, Portslade

This establishment continues to provide care for 10 mentally subnormal men who will eventually receive training at the adult training centre in course of erection at Portslade. It is part of provision to be made by the Welfare Services Committee for residential accommodation for trainees.

"Tentercroft" Cuckfield.

This Hostel for 10 subnormal children was opened by the Children's Committee on the 31st October, 1964. After a gradual build up it has remained fully occupied, the children attending "Court Meadow" Junior Training Centre daily; 7 children go to their homes each weekend but 3 are permanent residents.

HOME HELP SERVICE (Section 29)
(excluding the Hove and Portslade area)

During the year 1964, home helps were supplied to the following: (the figures for 1963 are given below for comparison)

Year	Aged 65 and over	Chronic sick and T.B.	Mentally Disordered	Maternity	General Sickness	Total
1964	1481	199	38	509	237	2464
1963	1367	204	26	417	247	2261

The year 1964 brought an unusually rapid rate of expansion to the service. The total number of cases receiving help increased by 203. The three categories in which the increases occurred were:-

- (a) Aged 65 and over (increase of 114)
- (b) Mentally disordered (increase of 12)
- (c) Maternity (increase of 92)

The increase in category (a) was as expected from our experience in previous years. It is mainly due to the continued increase in the ageing population together with the fact that when help is provided to aged persons it is difficult, if not impossible, to terminate the service until the applicant dies or moves from the district.

All persons within the mentally disordered category are those under the age of 65. The majority of these patients are young to middle aged women, some of whom are described as being of low intelligence with large families, while others are of normal intelligence who have become mentally sick for a variety of reasons. This category will probably continue to increase unless there is a change in the present policy of treating mentally sick persons within the community whenever possible.

There was a marked increase in the maternity category, some reasons being -

- (a) The increase in the number of mothers being discharged from hospital within 48 hours of the birth of the baby.
- (b) The increase in the number of new housing estates throughout the county, many of which contain large percentages of "young marrieds".
- (c) The fairly recent tendency towards somewhat larger families.

The following is a table showing the relative staff position in 1963 and 1964.

	Central Office	District Visiting and Supervisory	Home Helps
1964	County Organiser Deputy County Organiser 2 Clerks	41 (W.V.S.)	1153
1963	County Organiser Deputy County Organiser 1 Clerk	32 (W.V.S.)	1073

It will be seen from the above table that there was an increase of nine in the numbers of W.V.S. Area Specialists who supervise and allocate the work of the home helps and estimate the amount of need for each householder. This work, which is done voluntarily, is carried out, with efficiency, common sense, and a keen and sympathetic approach, not over-burdened with sentimentality yet with a concern for and reasonable knowledge of the economic demands and limitations of the service.

In the year under review, several Area Specialists resigned mainly on health grounds or because of age, so that the overall increase of nine is not a true indication. In fact there were actually twelve new Area Specialists recruited in this period. It was felt that due to the ever increasing calls on the service, some of the larger areas should be split and that two specialists were really essential in many districts. When this policy was put into effect, it was found almost at once that the work in the two parts of the divided area began to expand at a much faster rate. This happened mainly because the decrease in the case-loads left the Specialist with more time to recruit staff and enabled her to deal more efficiently with new and current cases.

It is expected that this service will continue to expand though it is bound to be limited to a certain extent by the ever present difficulties in the recruitment of suitable women to act as home helps. This situation varies from one area to another but nowhere can it be said to be easy, and the solving of it is a continual source of worry to the Area Specialists and the County Home Help Organiser. In particular, it is now virtually impossible to find people who are willing to work as whole-time home helps.

I am grateful to the W.V.S. County Organiser and her staff for their willing help and co-operation at all times.

MEDICAL EXAMINATIONS

The total number of medical examinations carried out during the year was 370 (366 in 1963) and the number of health statements considered rose from 993 to 1,199. In nearly all cases chest X-rays were also arranged for the candidates. Medical examinations were carried out as follows:-

By whole-time Medical Officers, including Hove	122
By part-time Medical Officers	151
By General Practitioners	97

REGISTRATION OF NURSING HOMES

26 registered nursing homes were in the authority's area outside Hove at the end of 1964, one having changed its registration to an old persons' home during the year. These homes provide in all 357 beds.

The Borough of Hove retained duties delegated to them in 1928.

Four nursing agencies in the county area outside Hove operate a useful service in supplying nurses.

NURSERIES AND CHILD MINDERS REGULATION ACT 1948

At the end of 1964 there were thirty-four premises and twenty daily minders registered under the Nurseries and Child Minders Regulation Act, 1948 (the corresponding figures for 1963 being thirteen and twenty-two respectively). The premises provided places for 870 children and the daily minders for 208 children.

During 1964 twenty-four additional premises were registered and there were three cancellations. Seven child minders were registered but this number was offset by nine cancellations.

The quite sudden increase in the number of premises being registered may be a result of the publicity given to and the growth of the National Association of Pre-School Playgroups of which many applicants have become members. Until 1964 there were less than ten annual registrations under the Act, and quite a number of these have been given up from time to time. This is part of the general picture here: acting as daily minder or conducting a day nursery is seldom a mainly commercial enterprise. Nearly always a married woman with previous training and experience puts these to good use in providing for her own and at the same time other people's children; and, quite reasonably, has no objection to making a little money "on the side". Such enterprises naturally tend to be given up as the minder's own children grow to school age.

TABLE I
VITAL STATISTICS RELATING TO MOTHERS AND CHILDREN 1964

The County of East Sussex	Live Births		Stillbirths		Total live and still births No. +* Rate	Infant deaths (under 1 year) No.	Infant Mortality Rate			Neo natal mortality rate(deaths under 4 weeks) per 1000 live births	Early Neo- natal mortality rate(deaths under 1 week) per 1000 live births	Perinatal mortality rate per 1000 live and still births	Maternal deaths (including abortion) and still births						
							Per 1000												
	No.	Rate	No.	Rate			Per 1000 total live births	Per 1000 legitimate live births	Per 1000 illegitimate live births										
5627	14.08	7.25	82	14.36	5709	79	14.04	13.60	19.61	9.42	3.17	22.42	3	.53					

*Crude rates calculated per 1000 of the estimated population

+Rate per 1000 total live and still births

TABLE II - LIVE BIRTHS, STILLBIRTHS AND DEATHS

District	Area in statute acres (land and inland water)	Population estimated by Registrar General, Mid 1964	Live Births			Stillbirths			Deaths under 1 year of age			Deaths at all ages			Deaths from Respiratory Tuberculosis		
			Crude Rate per 1000 Population	Number	Standardised rate	Crude Rate per 1000 population	Number	Rate per 1000 total births	Crude Rate per 1000 live births	Number	Rate per 1000 live births	Crude Rate per 1000 population	Number	Rate per 1000 live births	Crude Rate per 1000 population	Number	Rate per 1000 live births
Urban Areas:																	
Bethill M.B.	7993	31,100	8.4	25,219	5	8.06	21,428	4.7	15.2	4	15.2	19.3	592	2.1	2.1	2.1	
Burgess Hill U.D.	2022	15,400	8.5	20,544	5	8.52	20,548	6.1	15.3	4	15.3	19.0	592	2.1	2.1	2.1	
Quornfield U.D.	3911	21,070	8.6	24,246	7	8.18	21,662	5.8	15.6	4	15.6	19.5	592	2.1	2.1	2.1	
East Grinstead U.D.	6200	16,780	8.6	17,445	7	8.21	16,056	4.2	17.22	12	17.22	19.2	592	2.1	2.1	2.1	
Hove M.B.	3946	72,480	8.6	75,556	21	8.21	72,446	5.2	17.67	16	17.67	19.2	592	2.1	2.1	2.1	
Levys M.B.	3945	25,620	8.6	27,444	17	8.17	21,455	5.0	17.81	16	17.81	19.2	592	2.1	2.1	2.1	
Newhaven U.D.	1772	19,010	8.6	20,440	12	8.17	19,455	5.7	8.26	15	8.26	19.2	592	2.1	2.1	2.1	
Portslade U.D.	1951	17,520	8.6	19,455	12	8.17	19,455	5.7	8.26	15	8.26	19.2	592	2.1	2.1	2.1	
Rye M.B.	1,027	14,770	8.5	14,935	12	8.16	14,935	5.7	8.25	15	8.25	19.2	592	2.1	2.1	2.1	
Seaford U.D.	4,274	14,030	8.5	14,030	2	8.14	12,122	2.1	12.12	2	12.12	19.2	592	2.1	2.1	2.1	
Total	55495	216,850	8.5	30,014	13.9	8.17	4.8	.22	25.68	45	24.95	32	10.62	2.0	8.62	2423	2.32
Rural Districts:																	
Battle	117147	31,410	12.5	23,217	1	10.3	2,740	5	12.05	8	12.05	15.0	515	1.1	1.1	1.1	
Chichester	6202	25,120	12.5	21,755	1	10.26	1,230	5	12.25	12	12.25	15.2	515	1.1	1.1	1.1	
Gaulkfield	32,390	14,025	12.5	13,012	4	10.27	1,094	5	12.25	13	12.25	15.2	515	1.1	1.1	1.1	
Hallington	70996	12,668	12.5	12,668	11	10.27	1,094	5	12.25	13	12.25	15.2	515	1.1	1.1	1.1	
Uckfield	112,096	46,000	12.67	46,000	9	10.26	21,503	7	12.5	11	12.5	15.5	515	1.1	1.1	1.1	
Total	459090	182,790	12.5	26,313	11.29	17.58	34	.19	22.24	24	23.01	22	8.04	1.7	6.51	2663	2.57
Whole County	4,94563	399,640	8.627	14,008	17.46	82	.21	14.36	79	14.36	53	9.42	16	3.17	6086	15.23	10.05
																	.05

* The rate for England and Wales was 16.4 (live births) and 11.3 (deaths)

TABLE III

NUMBER OF DEATHS AT DIFFERENT PERIODS OF LIFE IN
THE ADMINISTRATIVE COUNTY DURING THE YEAR 1964

Urban Districts												Rural Districts									
Sex	All Ages	Under 4 Weeks	4 Weeks and under one year.	1 - 5	5 - 15	15-25	25-35	35-45	45-55	55-65	65-75	75 and over	1 - 5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	75 and over
Males	1521	18	12	5	8	4	11	25	90	233	432	678	1227	12	3	1	5	19	22	14	47
Females	1902	14	1	4	2	8	10	28	78	244	113	1110	1436	9	5	7	2	4	7	13	45
TOTALS	3423	72	13	9	10	12	21	53	168	142	375	1783	2663	21	11	7	23	18	27	92	379

TABLE IV (a)

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1964 IN THE URBAN DISTRICTS

CAUSES OF DEATH	Deaths, in or belonging to Districts, at subjoined ages										Deaths, in or belonging to each District, at all ages										
	BOROUGHS					Boroughs					Portsmouth					Bristol					
1. Tuberculosis, Respiratory	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
2. Tuberculosis, Other																					
3. Syphilitic Disease																					
4. Diphtheria																					
5. Whooping Cough																					
6. Menengococcal Infection																					
7. Acute Poliomyelitis																					
8. Measles																					
9. Other Infective and Parasitic Diseases																					
10. Malignant Neoplasm, Stomach, Bronchus	18	51	27	135	21	135	18	50	29	14	10	10	10	10	10	10	10	10	10	10	
11. Malignant Neoplasm, Lung, Bronchus	148	22	23	17	18	14	16	14	16	14	10	10	10	10	10	10	10	10	10	10	
12. Malignant Neoplasm, Breast	11	44	2	16	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
13. Malignant Neoplasm, Uterus	35	62	108	141	58	357	58	140	13	25	21	24	25	24	25	24	25	24	25	24	
14. Other Malignant and Lymphatic Neoplasms	5	21	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
15. Leukaemia, Aleukaemia	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
16. Diabetes	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
17. Vascular Lesions of Nervous System	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
18. Coronary Disease, Angina	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
19. Hypertension with Heart Disease	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
20. Other Heart Disease	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
21. Other Circulatory Disease	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
22. Influenza	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
23. Pneumonia	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
24. Bronchitis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
25. Other Diseases of Respiratory System	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
26. Ulcer of Stomach and Duodenum	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
27. Gastritis, Enteritis and Diarrhoea	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
28. Nephritis and Nephrosis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
29. Hypertrophy of Prostate	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
30. Pregnancy, Childbirth, Abortion	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
31. Congenital Malformations	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
32. Other Defined and Ill-Defined Diseases	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
33. Motor Vehicle Accidents	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
34. All other Accidents	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
35. Suicide	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
36. Homicide and Operations of War	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
All Causes	32	13	9	10	12	21	53	168	442	875	1788	3423	591	1406	170	61	178	306	203	117	190

TABLE IV (b)
CAUSES OF AND AGES AT DEATH DURING THE YEAR 1964 IN THE RURAL DISTRICTS

CAUSES OF DEATH	Deaths, in or belonging to Districts, at subjoined ages										Deaths, in or belonging to each District, at all ages									
	Under 4 weeks	4 weeks & under 1 year	1 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 35 years	35 and under 45 years	45 and under 55 years	55 and under 65 years	65 and under 75 years	75 and over	Total	Battle	Challney	Graekfield	Hillesham	Ugoffield	to each District, at all ages		
1. Tuberculosis, Respiratory												4	2	1	1	1	1	1	1	1
2. Tuberculosis, Other												45	17	8	—	—	—	—	—	—
3. Syphilitic Disease												16	100	20	14	14	14	14	14	14
4. Diphtheria												43	12	12	6	6	6	6	6	6
5. Whooping Cough												17	17	12	10	10	10	10	10	10
6. Meningococcal Infections												12	50	6	6	6	6	6	6	6
7. Acute Poliomyelitis												6	20	6	2	2	2	2	2	2
8. Measles												6	81	7	51	29	39	66	71	71
9. Other Infective and Parasitic Diseases												2	16	16	16	16	16	16	16	16
10. Malignant Neoplasm, Stomach												10	10	10	10	10	10	10	10	10
11. Malignant Neoplasm, Lung, Bronchus												30	12	12	12	12	12	12	12	12
12. Malignant Neoplasm, Breast												16	17	17	17	17	17	17	17	17
13. Malignant Neoplasm, Uterus												6	2	2	2	2	2	2	2	2
14. Other Malignant and Lymphatic Neoplasms												16	16	16	16	16	16	16	16	16
15. Leukaemia, Aleukaemia												1	1	1	1	1	1	1	1	1
16. Diabetes												1	1	1	1	1	1	1	1	1
17. Vascular Lesions of Nervous System												1	1	1	1	1	1	1	1	1
18. Coronary Disease, Angina												1	1	1	1	1	1	1	1	1
19. Hypertension with Heart Disease												1	1	1	1	1	1	1	1	1
20. Other Heart Disease												2	2	2	2	2	2	2	2	2
21. Other Circulatory Disease												2	2	2	2	2	2	2	2	2
22. Influenza												1	1	1	1	1	1	1	1	1
23. Pneumonia												1	1	1	1	1	1	1	1	1
24. Bronchitis												4	4	4	4	4	4	4	4	4
25. Other Diseases of Respiratory System												7	7	7	7	7	7	7	7	7
26. Ulcer of Stomach and Duodenum												4	4	4	4	4	4	4	4	4
27. Gastritis, Enteritis and Diarrhoea												5	5	5	5	5	5	5	5	5
28. Nephritis and Nephrosis												1	1	1	1	1	1	1	1	1
29. Hyperplasia of Prostate												2	2	2	2	2	2	2	2	2
30. Pregnancy, Childbirth, Abortion												1	1	1	1	1	1	1	1	1
31. Congenital Malformations												4	4	4	4	4	4	4	4	4
32. Other Defined and Ill-Defined Diseases												5	5	5	5	5	5	5	5	5
33. Motor Vehicle Accidents												7	7	7	7	7	7	7	7	7
34. All Other Accidents												1	1	1	1	1	1	1	1	1
35. Suicide												1	1	1	1	1	1	1	1	1
36. Homicide and Operations of War												1	1	1	1	1	1	1	1	1
All Causes	21	13	11	7	7	23	18	27	92	351	679	1421	2663	515	430	330	304	584	584	

TABLE V
CASES OF NOTIFIABLE DISEASES OCCURRING DURING THE YEAR 1964

TABLE VI
VACCINATION AGAINST SMALLPOX

NUMBER OF PERSONS VACCINATED (OR REVACCINATED) DURING THE YEAR 1964

District	Age under 1 year		Age 1 year		Age 2 to 4 years		Age 5 to 14 years		Age 15 years or over		TOTALS ALL AGES	
	Vaccinated	Revac-cinated	Vaccinated	Revac-cinated	Vaccinated	Revac-cinated	Vaccinated	Revac-cinated	Vaccinated	Revac-cinated	Vaccinated	Revac-cinated
Boroughs												
Bexhill	17	-	100	-	19	20	66	19	362	175	451	
Hove	31	-	324	-	20	16	69	51	610	445	697	
Lewes	6	-	63	-	18	6	22	4	80	52	108	
Rye	8	-	26	-	3	5	8	5	36	43	49	
Urban Districts												
Burgess Hill	14	-	145	-	34	22	5	21	77	200	100	
Cuckfield	9	-	139	1	19	19	1	15	8	214	276	
East Grinstead	67	-	159	-	6	4	2	13	110	175	149	
Newhaven	2	-	26	-	16	1	2	5	49	41	47	
Portslade	3	-	179	1	7	7	12	10	56	217	71	
Seaford	6	-	55	-	-	4	47	10	120	82	167	
Rural Districts												
Battle	10	-	121	-	40	2	8	13	148	192	189	
Chayley	16	1	119	1	7	23	8	23	18	128	160	
Cuckfield	16	-	208	4	34	1	8	58	30	232	296	
Hailsham	55	-	264	-	45	2	23	36	20	407	262	
Uckfield	13	1	214	3	56	8	18	135	12	251	313	398
TOTALS	275	2	2142	10	360	67	129	672	220	2689	3126	3400

Vaccination State in Relation to Child Population as at 31st December, 1964:-

Age Group	Total Vaccination	Total Child Population	Percentage Vaccinated
Under 1 year	275	5360	5.13
1 to 4 years	12886	21140	60.56
	<hr/>	<hr/>	<hr/>
	13161	26500	49.66

TABLE VII

MENTAL HEALTH STATISTICS FOR 1964
PREMISES PROVIDED AT 31st DECEMBER 1964

Age group provided for	Mental category provided for	Day training centres including Special Care Units			Residential training Centres			Social Clubs or centres		Homes and hostels	
		Number of places		Number of centres (1)	Number of centres (4)	Number of places (5)	Number of clubs or centres (6)	Number of places (7)	Number of homes or hostels (8)	Number of places (9)	
		Juniors (2)	Adults (3)								
1. Under 16	(a) Mentally ill	-	/	-	-	-	-	-	-	-	
	(b) Mentally Subnormal	2	/	120	/	-	-	-	-	-	
2. 16 and over	(a) Mentally ill	-	/	-	-	-	6	100	1	10	
	(b) Mentally Subnormal	-	/	-	-	-	-	-	1	21	
3. Juniors and Adults	(a) Mentally ill	-	-	-	-	-	-	-	-	-	
	(b) Mentally Subnormal	-	-	-	-	-	-	-	-	-	
4.	Total	2	120	-	-	6	100	3	41		

5. Special units included in 1 - 4 above providing for the severely subnormal with gross physical handicaps or gross behaviour difficulties	(a) Number of Units functioning as Group within Day Training centres	(a) Number of Units - Self contained units independent of Day Training	(a) Number of Units -
	(b) Number of Places -	(b) Number of Places -	(b) Number of Places -

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NATIONAL HEALTH SERVICE ACT, 1946, AND MENTAL HEALTH ACT, 1959
MENTAL HEALTH STATISTICS FOR 1964 (EXCLUDING HOVE DEPARTMENT)

TABLE IX

Number of patients awaiting entry to hospital, or admitted for temporary residential care during 1964

		Mentally Ill				Psychopathic				Subnormal				Severely Subnormal				Total subnormal and severely subnormal		Grand Total of Cols: (1)-(16)
		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	(19)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)		
1.	Number of patients in L.H.A. area on waiting list for admission to hospital at 31.12.64																			
	(a) In urgent need of hospital care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	7	-	9
	(b) Not in urgent need of hospital care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	2	-	4
	(c) Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	9	2	11
2.	Number of admissions for temporary residential care (e.g. to relieve the family)																			13
	(a) To N.H.S. hospitals	-	-	-	-	-	-	-	-	-	1	1	7	2	13	3	9	18	27	
	(b) To L.A. residential accommodation	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	1	
	(c) Elsewhere	-	-	-	2	-	-	-	-	-	4	1	5	-	10	6	14	14	22	
	(d) Total	-	-	-	2	-	-	-	-	-	2	5	8	7	13	13	15	33	50	

